APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

entitled:	INTRADICCALI	ESIONING DEVICE	
described and claimed in the sp		ESIONING DEVICE	
Check one			
a. 🗵 attached			
b.	as Application Serial No.	and amended on (if	applicable)
I hereby state that I amended by any amendment re		contents of the above-identified	application, including the claims, as
accordance with Title 37, Code		Under Title 35 U.S. Code §119,	he examination of this application in the priority benefits of the following
	"N	ONE"	
The following applic States of America either (a) mo application(s):	ations for patent or inventor's certione than one year prior to this applic	ficate on this invention were file ation, or (b) before the filing date	d in countries foreign to the United of the above-named foreign priority
	"N	ONE"	
			per, with full power of substitution, nt and Trademark Office connected
Please send all corres	pondence and direct all telephone ca	lls to:	
		1111 1988	
	PATENT AND 1	TRADEHARK OFFICE	
my own knowledge are true a statements were made with the	and that all statements made on in knowledge that willful false statem title 18 of the United States Code an	formation and belief are believed ents and the like so made are put	d that all statements made herein of d to be true; and further that these hishable by fine or imprisonment, or ts may jeopardize the validity of the
Typewritten Full Name of			
Sole or First Inventor	Mark	S	LEUNG
	Given Name	Middle Initial	Family Name
Inventor's Signature:	Marking		
Date of Signature	March	1	2002
	Month	Day	Year
Residence	Toronto	Ontario	Canada
City		State of Province	Country
<u>-</u>	Canadian		
Post Office Address	208-1153 Queen St. West, Toronto,	ON, M6J 1J4, Canada	

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name of	•			
Sole or First Inventor	Krishan	SHAH		
	Given Name	Mıddle Initial	Family Name	
Inventor's Signature:				
Date of Signature	तं वी	28	2002.	
•	Month	Day	Year	
Residence Mississauga	ı	Ontario	Canada	
City		State of Province	Country	
Citizenship	Canadian			
Post Office Address	5102 Durie Rd., Mississauga, ON,	L5M 2C7, Canada		
Typewritten Full Name of	f			
Sole or First Inventor	Frank //	H	BAYLIS	
Inventor's Signature:	Given Name	Middle Initial	Family Name	
mventor s Signature.	1 Start Jan Co.			
Date of Signature	FEBRUARY	29	2002	
	Month /	Day	Year	
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City		State of Province	Country	
Citizenship	Canadian			
Post Office Address 358 Robin Ave., Beaconsfield, Quebec, H9W 1R8, Canada				

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to the Inventors. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.